

**SHERIDAN COUNTY**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Farm/Ranch Operation Location – Section/Township/Range or Narrative Description**  
(or include maps if available):

Township(s)	Range(s)	Section(s)
Directions to Farm/Ranch location:		

**Land Use(s) and Approximate Acres on your Operation:**

	<u>Acres</u>		<u>Acres</u>
Irrigated Cropland	_____	Non-irrigated Cropland	_____
Irrigated Hayland	_____	Non-irrigated Hayland	_____
Rangeland	_____	Pastureland	_____
Private Forestland	_____	Livestock Facilities	_____
Headquarters	_____	State Land	_____
BLM Grazing Allotment	_____	USFS Allotment	_____
Other (describe)			

**Please indicate the area(s) you wish NRCS conservation planning assistance on:**

Entire Farm or Ranch Operation <input type="checkbox"/>	All Cropland/Hayland <input type="checkbox"/>
All Rangeland <input type="checkbox"/>	All Pastureland <input type="checkbox"/>
All Forestland <input type="checkbox"/>	All Non-Federal Land <input type="checkbox"/>
Headquarters areas including Livestock Feeding and Handling Facilities <input type="checkbox"/>	
Other (describe)	



Please check the concerns you have on your farm/ranch or about your operation:

- |                              |                          |                              |                          |
|------------------------------|--------------------------|------------------------------|--------------------------|
| Crop Yields                  | <input type="checkbox"/> | Range Condition & Health     | <input type="checkbox"/> |
| Forage Production            | <input type="checkbox"/> | Livestock Distribution       | <input type="checkbox"/> |
| Livestock water availability | <input type="checkbox"/> | Soil Erosion                 | <input type="checkbox"/> |
| Weed/Pest Management         | <input type="checkbox"/> | Streambank Erosion           | <input type="checkbox"/> |
| Gully Erosion                | <input type="checkbox"/> | Wetlands                     | <input type="checkbox"/> |
| Surface/Groundwater Quality  | <input type="checkbox"/> | Surface/Groundwater Quantity | <input type="checkbox"/> |
| Wildlife Habitat             | <input type="checkbox"/> | Irrigation Efficiency        | <input type="checkbox"/> |
| Fisheries Habitat            | <input type="checkbox"/> | AFO/CAFO compliance          | <input type="checkbox"/> |
| Other (explain)              |                          |                              |                          |

Please describe your objectives for your operation and how NRCS can assist:

**Range and Pasture Land**

1. If you have livestock, how many head of each do you maintain?

- a. Cows \_\_\_\_\_
- b. Bulls \_\_\_\_\_
- c. Yearlings \_\_\_\_\_
- d. Sheep \_\_\_\_\_
- e. Horses \_\_\_\_\_
- f. Other \_\_\_\_\_

2. Do you rotate grazing units (pastures)? Yes ☐ No ☐

3. If so, how many grazing units are in your rotation? \_\_\_\_\_ Avg. Acres \_\_\_\_\_

4. What determines the rotation interval?

- a. Days in the pasture ☐
- b. Forage utilization at 25% ☐
- c. Forage utilization at 50% ☐
- d. Forage utilization at 75% ☐
- e. Irrigation water availability ☐
- f. Calving or other needs ☐

5. What condition do you feel your range/pasture/other land is in?

- |                | <u>Good</u>              | <u>Fair</u>              | <u>Poor</u>              |
|----------------|--------------------------|--------------------------|--------------------------|
| a. Rangeland   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pastureland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Other       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Do you apply fertilizers to your fields? Yes ☐ No ☐7. Do you apply herbicides to your pastures? Yes ☐ No ☐8. Do you apply other pesticides to your pastures? Yes ☐ No ☐**Please state what you believe to be potential solutions/improvements for your grazing land:**

**Crop and Hay Land**

1. For the crops grown, what are your usual tillage operations?

- |                   |                          |                         |                          |
|-------------------|--------------------------|-------------------------|--------------------------|
| a. Moldboard plow | <input type="checkbox"/> | i. Strip-tiller         | <input type="checkbox"/> |
| b. Tandem disk    | <input type="checkbox"/> | j. Oneway               | <input type="checkbox"/> |
| c. Chisel plow    | <input type="checkbox"/> | k. Rodweeder            | <input type="checkbox"/> |
| d. 18" sweeps     | <input type="checkbox"/> | l. Hoe drill            | <input type="checkbox"/> |
| e. Blade plow     | <input type="checkbox"/> | m. Air-seeder           | <input type="checkbox"/> |
| f. Bedder         | <input type="checkbox"/> | n. Harrow               | <input type="checkbox"/> |
| g. Subsoiler      | <input type="checkbox"/> | o. Cultipacker (roller) | <input type="checkbox"/> |
| h. Land plane     | <input type="checkbox"/> | p. Other, _____         | <input type="checkbox"/> |

**OR**

1. For the crops grown, what are your usual tillage operations?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 2. Do you apply fertilizers to your fields?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. If yes, are they based on soil testing?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you apply manure to your fields?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. If yes, do you do an analysis of the manure?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you apply herbicides to your fields?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you apply other pesticides to your fields?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Are any of your fields irrigated?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. If yes, what determines your irrigation schedule?     |                              |                             |
| q. Crop use  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| r. Soil moisture by feel                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| s. Checkbook method                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| t. Visual crop stress                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| u. Measured soil moisture ( <i>gypsum blocks, etc.</i> ) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Please state what you believe to be potential solutions/improvements for your crop/hay land:**



**Other Questions:**

1. Do you have control of this land to make management decisions?  
Yes ☐ No ☐
2. Is this plan required by other federal, state, or local regulations?  
Yes ☐ No ☐
3. Are you looking at protecting all natural resources on your farm/ranch operation?  
Yes ☐ No ☐
4. Given that some of the solutions/improvements you have identified are included in your conservation plan, how soon do you anticipate beginning to implement your plan?  
Within 1 year ☐ 1 to 3 years ☐ More than 3 years ☐

**By signing below I am requesting assistance from the local NRCS Office and Conservation District to aid me in resolving the identified concern(s). I understand that NRCS will help me identify and evaluate systems of conservation practices; however, it will be my decision as to when and how much conservation will be implemented. Such decisions will be documented in a written conservation plan.**

\_\_\_\_\_  
*Applicant*

\_\_\_\_\_  
*Date*